

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐ Check if different
than previously
reported. (ACC)

Indianapolis

IN

46268

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00170258

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☒ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gregg Dykstra

Signature of Treasurer

Electronically Filed by Gregg Dykstra

Date

07

27

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	29495.47
(b) Cash on Hand at Beginning of Reporting Period	29495.47	
(c) Total Receipts (from Line 19)	162814.01	162814.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	192309.48	192309.48
7. Total Disbursements (from Line 31)	170816.81	170816.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21492.67	21492.67
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	103636.14	103636.14
(ii) Unitemized	47176.60	47176.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	150812.74	150812.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	11250.00	11250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	162062.74	162062.74
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	712.12	712.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	39.15	39.15
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	162814.01	162814.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	162814.01	162814.01

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	816.81	816.81	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	816.81	816.81	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	167500.00	167500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ➤	0.00	0.00	
29. Other Disbursements.....	2500.00	2500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	170816.81	170816.81	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	170816.81	170816.81	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	162062.74	162062.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	162062.74	162062.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	816.81	816.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	712.12	712.12
38. Net Operating Expenditures (subtract Line 37 from Line 36)	104.69	104.69

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Don H. Adams

Mailing Address PO Box 571310

City

Murray

State

UT

Zip Code

84157-1310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bear River Mutual Insurance Company

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: C1CCCCB62C1E114773D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Company

Occupation
Vice President of Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: BBCB426BBE3BFC85FD5

Amount of Each Receipt this Period

31.25

C.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Company

Occupation
Vice President of Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 21511F041547A787788

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

312.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Vice President of Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: F8FABA2AA469C4A45EF

Amount of Each Receipt this Period

31.25

B.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Vice President of Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 81A020D7284F5786F35

Amount of Each Receipt this Period

31.25

C.

Full Name (Last, First, Middle Initial)

Todd E. Albert

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Vice President of Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 50E9B4B8F7D10D8300E

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

93.75

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jim Alexander

Mailing Address PO Box 2502

City

Fargo

State

ND

Zip Code

58108-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nodak Mutual Insurance Co-
mpany

Occupation

Executive Vice President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: 6EA1F795299424701CE

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: 46881807CF0A0F03B1E

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	1

Transaction ID: 2C4F7EFA6590D5D79A5

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

578.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: 553BE5DE45F6AFF02A0

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: E871CE417C84F684695

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address 1493 Hunters Gln

City

Zionsville

State

IN

Zip Code

46077-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: EC0B4C1557FE0702C70

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address 1493 Hunters Gln

City

Zionsville

State

IN

Zip Code

46077-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: 995ECB9152AE4131848

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address 1493 Hunters Gln

City

Zionsville

State

IN

Zip Code

46077-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 1531C9B888ED03D64E4

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Neil Alldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2F968D4EE47B87560D8

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Diane Allen

Mailing Address 6101 Anacapi Blvd

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Personnel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 3453C0332835920F8A1

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Roberta Alsworth

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 1

Transaction ID: FD0F42B35839C76FB67

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Daniel Anderson

Mailing Address PO Box 1428

City

Waukesha

State

WI

Zip Code

53187-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Insurance Group,
St. Louis Cla

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: 02678F7A7E7BF4781B0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David L. Anderson, CPCU, PFMM

Mailing Address PO Box 276

City

Canton

State

SD

Zip Code

57013-0276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farm Mutual Insurance Com-
pany of Linco

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 7 / 2 0 1 1

Transaction ID: 5CCA4647551EBE29E4D

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gordon P. Assad

Mailing Address PO Box 9062

City

Williamsville

State

NY

Zip Code

14231-9062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie & Niagara Insurance
Association

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 1

Transaction ID: 4EF18EFB849CD7F8621

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brent Bahler

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: F9EC4FA7E14680D071C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tommy Barre

Mailing Address 956 Hannessee Rd.

City

Yoakum

State

TX

Zip Code

77995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mut-
ual Insurance

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: 770689A3DBC01C9E9AD

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas W. Beach

Mailing Address 1 Commerce Sq
2005 Market Street

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: E6F09F279F37278FA7F

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Scott Becker

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation
Adjuster Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 1 1

Transaction ID: 01E2624AD4B9C5A16FA

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert W. Bedell, III

Mailing Address PO Box 9346

City

Columbia

State

SC

Zip Code

29290-0346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Mutual Church In-
surance Compa

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Transaction ID: AB46F3437D160171820

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	1

Transaction ID: 8E1E759C0E2DF7B4EE7

Amount of Each Receipt this Period

115.39

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	1

Transaction ID: B3D07228528C5B043F7

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

1230.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: CB03A6A68971B6DF977

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 1

Transaction ID: F26F81AA36A874CCECA

Amount of Each Receipt this Period

115.39

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 1

Transaction ID: 4177D4E1D92E8AF595C

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

346.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: C08EE153284DFD0ADBA

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 22558BED984EE54ECA6

Amount of Each Receipt this Period

115.39

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: E7D0D8E9AE9E662C0F5

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

346.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 9ABC7ACC80B23FF1DF1

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: B6EDC43894CBC12E9DF

Amount of Each Receipt this Period

115.39

C.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: E3A362D89D22704C901

Amount of Each Receipt this Period

115.39

SUBTOTAL of Receipts This Page (optional)

346.17

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John S. Benson

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.07

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 5716B1FCE105FA97CDF

Amount of Each Receipt this Period

115.39

B.

Full Name (Last, First, Middle Initial)

Jennifer Berger

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance Company

Occupation

Manager - Underwriting Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: 81A9861E1BAFCBA81F5

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jonathan Bergner

Mailing Address 122 C St NW
Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insurance Companies

Occupation

Federal Affairs Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: 2E732955E4309D7E5D8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

615.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John J. Bishop, CPCU, CLU

Mailing Address 471 E Broad St

City

Columbus

State

OH

Zip Code

43215-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Motorists Mutual Insurance
Company

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 919013002E7EB42ACEA

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

W. A. Bisette

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: 9E2D9F113AAFDE3BA7

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Stephen F. Boyd

Mailing Address 40 Woolsey St

City

Irvington

State

NJ

Zip Code

07111-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manufacturers Reserve Sup-
ply

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: D5BDBCC4C2A2A209119

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Lynn Brewer

Mailing Address 500 S US Highway 77A

City

Yoakum

State

TX

Zip Code

77995-1399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mut-
ual Insurance

Occupation

Director of Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: F6F3ADE4E69C4CA8F3C

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jim Bricker

Mailing Address 733 4th Ave W

City

Olympia

State

WA

Zip Code

98502-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMCO Mutual Insurance Co-
mpany

Occupation

Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: E560930FC7B42D06043

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mike A. Brogan

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Vice President of Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 1

Transaction ID: 90B303B52F313012788

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Wes Broseke

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Claims Professional

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	1

Transaction ID: 1AF876617B7765046DC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bob I. Buchanan

Mailing Address 6101 Anacapi Blvd

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: B591D70F4E57C6F120C

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Bob I. Buchanan

Mailing Address 6101 Anacapi Blvd

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: C98390503BEF2CF3E04

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

334.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Susan Burmeister

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Office Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: B74E226ABFF8E751BF1

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

John A. Bykowski

Mailing Address PO Box 819

City

Appleton

State

WI

Zip Code

54912-0819

FEC ID number of contributing
federal political committee.

C

Name of Employer
SECURA Insurance, A Mutual
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: 7AAD55BA00B82714FD2

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Thomas E. Callanan

Mailing Address PO Box 571918

City

Salt Lake City

State

UT

Zip Code

84157-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advantage Workers' Comp-
ensation Insura

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: DF38F4956B432A360D2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Peter Cammarata, CPA

Mailing Address PO Box 419

City

Irvington

State

VA

Zip Code

22480-0419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Neck Insurance
Company

Occupation

President/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: 0584B4DE786F62470C1

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jerry J. Canada, CLU

Mailing Address PO Box 1250

City

Indianapolis

State

IN

Zip Code

46206-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Farm Family Mutual
Insurance Co

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 2B01A5E30DAA44FB7CB

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Scott Carmack

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Occupation

Director of Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 93D2B2E38AE4A7DE5A5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tod J. Carmony, CPCU

Mailing Address 3873 Cleveland Rd

City

Wooster

State

OH

Zip Code

44691-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wayne Mutual Insurance Co-
mpany

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: 912B20B065863C338E8

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Randall Carpenter

Mailing Address PO Box 1070

City

Galax

State

VA

Zip Code

24333-1070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grayson Carroll Wythe Mut-
ual Insurance

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: 7E7949C61CAA8A0C3CC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dawn Carter

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation
Commercial Lines Underwriting Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: 987A216923D77B5A547

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jay W. Chadwick

Mailing Address PO Box 7

City

Wyalusing

State

PA

Zip Code

18853-0007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuscarora Wayne Insurance
Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 1 1

Transaction ID: C55FC9383D7EB774D97

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: EB9CF7454F8DE32AC19

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: 38543CB12588C05724E

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	1

Transaction ID: 2211446ADFF76ABD521

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: 5D1366B4C19FA66FEBA

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	1

Transaction ID: E7A6B04675ED2B59941

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: 12514AE2F4D2370441C

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address 527 W 46th St

City

Indianapolis

State

IN

Zip Code

46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 4F8CA4E8E0543149DDB

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address 527 W 46th St

City

Indianapolis

State

IN

Zip Code

46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 7D2D0D14B0B6B9B54C8

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address 527 W 46th St

City

Indianapolis

State

IN

Zip Code

46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: 6FD48B048327B0EFE40

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address 527 W 46th St

City

Indianapolis

State

IN

Zip Code

46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 19187595D4013FB4DE7

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Charles M. Chamness

Mailing Address 527 W 46th St

City

Indianapolis

State

IN

Zip Code

46208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 62EAB8BAB104C74CF8E

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marcus J. Christianson

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Star Mutual Insurance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: DA40E11E14281522276

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Linda Church

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insurance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 9F19B38A31A197E86F6

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mark Coe

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Company

Occupation
IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 398517636AF4F275127

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mark Coe

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation
IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 8058933FEB482AB2403

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark Coe

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation
IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: DE543A469A74050D665

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark Coe

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation
IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 7CA55B261F5513ECB10

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mark Coe

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
panyOccupation
IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: DC19A8D58FD02312C33

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Lea Coll

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
panyOccupation
General Accounting Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	1	1

Transaction ID: BD91CCE3-8A6A-4C4A-

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Darwin G. Copeman, CPCU

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewelers Mutual Insurance
CompanyOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: C116B79A2D74762FAF5

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Darwin G. Copeman, CPCU

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewelers Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: 1DBBCB92A901B1F0A47

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Darwin G. Copeman, CPCU

Mailing Address 1202 Aerie Ln

City

Cameron

State

MO

Zip Code

64429-2087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewelers Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 46185F72C2B65388588

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Darwin G. Copeman, CPCU

Mailing Address 1202 Aerie Ln

City

Cameron

State

MO

Zip Code

64429-2087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewelers Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: D13907163DF67A14483

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Connie Costigan

Mailing Address PO Box 597

City

Warrensburg

State

MO

Zip Code

64093-0597

FEC ID number of contributing
federal political committee.

C

Name of Employer
CFM Insurance, Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	1	1

Transaction ID: DCCAF8DECD9158C82C1

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William C. Craine

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
CompanyOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: 7E5470EC5E1B78B7134

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Erin M. Cummings, ARM, AIT

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire InsuranceOccupation
Division Manager, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Transaction ID: ABE16204E5093047C98

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Dan Czmer

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Board of Directors

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 74171E75EE0BFF79BD8

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jack D'Arcy

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: F9AA3A1296061A059BC

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael Davis

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President Underwriting

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 98F41F29BFCA1881E2B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Linda J. Day

Mailing Address 4 Bouton St

City

Concord

State

NH

Zip Code

03301-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Concord General Mutual In-
surance Compa

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 0946757A61BA7CB0AE3

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dan Dearment

Mailing Address PO Box 646

City

Bedford

State

PA

Zip Code

15522-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friends Cove Mutual Insur-
ance Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: F3BF3DC905CB22031AD

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dan Dearment

Mailing Address PO Box 646

City

Bedford

State

PA

Zip Code

15522-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friends Cove Mutual Insur-
ance Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: D4FCBACEF89D776C6BB

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Anthony DeCarlo

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.**C**Name of Employer
Pennsylvania Lumbermens
Mutual InsuranOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	1

Transaction ID: 1CB170C3331918219EE

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph Dechatelets, CPCU

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing
federal political committee.**C**Name of Employer
Rockford Mutual Insurance
CompanyOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	1	1

Transaction ID: 99DC1DD2A974C238C58

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joseph Dechatelets, CPCU

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing
federal political committee.**C**Name of Employer
Rockford Mutual Insurance
CompanyOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	1

Transaction ID: F49F36381AB9D919318

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: 41618C6C7BA7D018D56

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 1 1

Transaction ID: C6091730F30EA237BAE

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: B2AB672D9451AA708F5

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: D5C307CD0AB07924C5D

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 1 1

Transaction ID: DE1184B593475E3097B

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 1 1

Transaction ID: 2DE9BD4D63A8B1A14CB

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: D9918AC07291B71CF4D

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 77B724A736771FEAE8A

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: 9E6E45EC04D4E6EBBD9

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	1

Transaction ID: E2DD9CD8CB049FF251F

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: 3C6DAECBE98090A53F5

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID: C4740FB9201216000FF

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Cynthia DeLong

Mailing Address PO Box 1776

City

Yarmouth

State

ME

Zip Code

04096-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patriot Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 735F46EA8F120269127

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 94F57E06AD64AB1E43A

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: 7D367F5CCB218EDC55F

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: ACE67AF434118A7120B

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 2714A9A3998FF50203F

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: E46BC52D64239535130

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 7ECBC27B9ED718D34DB

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Robert Detlefsen, PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 7DE317388F2F3A22BBB

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Daniel Dierks

Mailing Address PO Box 59

City

Traer

State

IA

Zip Code

50675-0059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Association

Occupation

Secretary/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: 7B47C2ED2D5EF40E7ED

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

330.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert Dodds

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lititz Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President, Legal & Compliance

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: 15AF7365E07CC2B20B8

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mike Dorsey

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Agency Communication

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 221BF989AAAF3723389

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Martin M. Doto, CPCU, MSIM

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President Insurance Operat

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: FDDCF47B5F4D6556E5A

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles W. Drier

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: 915CD51BBFF52342453

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Charles W. Drier

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: E366D2E77ACC804A4E4

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Charles W. Drier

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: C6DB4FFAF9E197FBFBEB

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Charles W. Drier

Mailing Address PO Box 30660

City
LansingState
MIZip Code
48909-8160FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
panyOccupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: A8E0F869FA86FEC94B4

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address PO Box 68700

City
IndianapolisState
INZip Code
46268-0700FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual InsuranOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	1

Transaction ID: 54FDFCC2D4F25A27BAF

Amount of Each Receipt this Period

275.64

C.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address 3601 Vincennes Rd

City
IndianapolisState
INZip Code
46268-1154FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual InsuranOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	1

Transaction ID: 4E0FDC33AC0B415DFCB

Amount of Each Receipt this Period

41.00

SUBTOTAL of Receipts This Page (optional)

391.64

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address 3601 Vincennes Rd

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: E2B596CA6EEA3B983DA

Amount of Each Receipt this Period

96.16

B.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address 3601 Vincennes Rd

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	1

Transaction ID: 2A3201741DA57F6ED01

Amount of Each Receipt this Period

96.16

C.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address 3601 Vincennes Rd

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	1	1

Transaction ID: 3983EC0697B49D953FE

Amount of Each Receipt this Period

96.16

SUBTOTAL of Receipts This Page (optional)

288.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address 1838 Arrowwood Dr

City

Carmel

State

IN

Zip Code

46033-9020

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 9BC01E537F98A7C6B2B

Amount of Each Receipt this Period

96.16

B.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address 1838 Arrowwood Dr

City

Carmel

State

IN

Zip Code

46033-9020

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: CFD1D005BA8D26E9B07

Amount of Each Receipt this Period

96.16

C.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address 1838 Arrowwood Dr

City

Carmel

State

IN

Zip Code

46033-9020

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: 48696202260B454CDD7

Amount of Each Receipt this Period

96.16

SUBTOTAL of Receipts This Page (optional)

288.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address 1838 Arrowwood Dr

City

Carmel

State

IN

Zip Code

46033-9020

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 434493CDE548C6A39A8

Amount of Each Receipt this Period

96.16

B.

Full Name (Last, First, Middle Initial)

Gregg A. Dykstra, J.D.

Mailing Address 1838 Arrowwood Dr

City

Carmel

State

IN

Zip Code

46033-9020

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.92

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: E2835E8B4259CB63D7F

Amount of Each Receipt this Period

96.16

C.

Full Name (Last, First, Middle Initial)

Chuck Easum

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 1

Transaction ID: 4648ADF4E052941B71A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

442.32

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	1

Transaction ID: 74BA0E99FF1BA60AD8E

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: 94B6FED34C4677C9CD7

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: 93D44F3363729B1C135

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: D736B3FB45FA6D8B09D

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 485262E7647CE871DDB

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 99553708105959E8C1E

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 1A5924905927A404FC6

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Fred A. Edmond, CPCU, CIC

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 16A86E63E95AEA03169

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Paul Ehlert

Mailing Address 1704 Walsch Ln

City

Brenham

State

TX

Zip Code

77833-5077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Germania Farm Mutual Insurance Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: CD44CD31A534B607E97

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1076.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregory B. Ellingson

Mailing Address 24 1st Ave E
Ste E

City State Zip Code
Kalispell MT 59901-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flathead Farm Mutual Insu-
rance Company

Occupation
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: 24B4BB27F84C16E4C69

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David B. Emerson

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 1

Transaction ID: 6053E01CC64F9346F2F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Pam Emmendorfer

Mailing Address 1510 N Elms Rd

City State Zip Code
Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Occupation
Vice President of Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 2721F6576AE71035BC0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Andrew M. Eriksen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager-Project Research & Coordinatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	1	1

Transaction ID: 130DF432DD5715CB4E7

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Andrew M. Eriksen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager-Project Research & Coordinatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

Transaction ID: 665554DDBEE31B3E261

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Andrew M. Eriksen

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager-Project Research & Coordinatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: 01211F450D631F68D5B

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Andrew M. Eriksen

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager-Project Research & Coordination

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 6DE4024571F50F7080F

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen F. Fabian

Mailing Address 200 N Main St

City
Bel Air

State
MD

Zip Code
21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation

Assistant Vice President - Information

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: A903D5981CFB2B29D4A

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Garland Farmer

Mailing Address PO Box 1810

City
Lexington

State
KY

Zip Code
40588-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Growers Insurance
Company, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: DC3029109312226EC52

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Daniel P. Ferris

Mailing Address 2401 S Memorial Dr

City

Appleton

State

WI

Zip Code

54915-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
SECURA Insurance, A Mutual
Company

Occupation

VP, General Counsel and Assistant Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 23901344FEA8D17CE19

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Stephen Fine

Mailing Address 100 Chestnut St

City

Weston

State

MA

Zip Code

02493-1560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bilrite Corporation

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: EEC75A09386CF38EA9D

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stephan Firko

Mailing Address 1 Commerce Sq
2005 Market Street

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: B7A7DD5311F38F6D10C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kurt P. Foley

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President & CEO

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 30E2396F779AF31CF0E

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kurt P. Foley

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

President & CEO

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: DC2980A818FCC9EDC16

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Nancy Forsyth

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 998CA41FA07CD4F4FC3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer Frank

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Office Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 52F33712CA2AE26A8ED

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Philip M. Fullenkamp

Mailing Address 1 Insurance Sq

City

Celina

State

OH

Zip Code

45822-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Celina Mutual Insuran-
ce Company

Occupation

Senior Vice President - Finance and Tr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: A3AAE15854DA9B37825

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Matt Gannon

Mailing Address 122 C St NW
Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Assistant Vice President Federal Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 5DA4E39521E85E9F2C2

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Chuck Garry

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Occupation

Vice President - Director of Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: 7BCC474CF9FCC0EAFE4

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Henry R. Gibbel

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lititz Mutual Insurance
Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	1	1

Transaction ID: BCCA978BF4E229E0C9F

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Henry H. Gibbel

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lititz Mutual Insurance
Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	1	1

Transaction ID: 2537D594681B3ED6A7B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John R. Gibbel

Mailing Address PO Box 16

City

Lititz

State

PA

Zip Code

17543-0016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lititz Mutual Insurance
Company

Occupation

Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: B8D9838188FFC901E6E

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 1

Transaction ID: 19D29275F35D9CDADC8

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: 3C1151D57A7930AB301

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

326.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 3384FA9AE1FB64E1675

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: A6B1B471C16C70D8EEB

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 7FE1F36EE22F2E755C2

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 45FE50C703AC1E96EF2

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: BBADEB2EA21DC22DDD

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Bryan Gilleland

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 75CF045CF2F0E5D6806

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gordon H. Gingrich

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 7894184483CFB8A5558

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Harlan W. Gingrich

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 5A11561F7C25DB14B5D

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joseph A. Giovino

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 1

Transaction ID: 04DE4B9F365BD956B62

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jonathan C. Grether, CPCU

Mailing Address 202 Benck St

City

Algona

State

IA

Zip Code

50511-7280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pharmacists Mutual Insurance Company

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 60A54ADE4ED3F0B0E47

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Patricia Gruntzel

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insurance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 03A97E9F74D7BE07577

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Clarence Guinn, CPA

Mailing Address PO Box 489

City

Rogers

State

AR

Zip Code

72757-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance Company

Occupation
Assistant Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: 529A9048EC782DC465D

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 186

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Ron D. Hallenbeck, CPCU

Mailing Address PO Box 712

City

Des Moines

State

IA

Zip Code

50306-0712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employers Mutual Casualty
Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: AD4A4501555742A926D

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Clifford R. Hanson

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Star Mutual Insuran-
ce Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: F419D0F04BD65AE6FC7

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lisa Hassett

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Senior Staff Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 962E5B85DA16D178B1B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 66 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

F. Timothy Hegarty, Jr., CPCU

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: 293C3FA943EE3018D90

Amount of Each Receipt this Period

320.00

B.

Full Name (Last, First, Middle Initial)

F. Timothy Hegarty, Jr., CPCU

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: 9B333BDBF3B0487ADD7

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

F. Timothy Hegarty, Jr., CPCU

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: 2985AECC1E36F6AEB26

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

F. Timothy Hegarty, Jr., CPCU

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: 3DC97557D8251622553

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

F. Timothy Hegarty, Jr., CPCU

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: 04FD93C0861C2367135

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

A. Michael Heister

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: 1A9F16356EF01723DAF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Stuart C. Henderson

Mailing Address PO Box 1463

City

Minneapolis

State

MN

Zip Code

55440-1463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western National Mutual
Insurance Comp

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 1 1

Transaction ID: 25B162A2-A827-4C4E-

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

David G. Hendrix, CPA

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 46C5459552ED23C5331

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Tammy Herzog

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Inspections Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 4D3ADCF313179BAE0EF

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Michaele Hobson

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: 1ADA15BFF2816C2DA98

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joe E. Hoff, CPCU

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Star Mutual Insuran-
ce Company

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: B2B4505F1F42528CDA2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tom Holtshouse, CPCU

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Ohio Insurance Com-
pany

Occupation

Vice President-Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 1

Transaction ID: BE7CB8878744ADA6209

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: 16B479F4E82BF4BAF4D

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: EDCBC4C75541591B641

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 1

Transaction ID: F8FDE3024B34AA49795

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

230.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 1

Transaction ID: B2215E203C497C000F5

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: 13287149178B79AC6F7

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 9CA1EC561F73D1AE4D3

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

230.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: 5D2CF19AC86BC4441B9

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 40FF01C7882673F8C02

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: B54E78A4B9DDD15470F

Amount of Each Receipt this Period

76.93

SUBTOTAL of Receipts This Page (optional)

230.79

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: AEBC95684E34D163629

Amount of Each Receipt this Period

76.93

B.

Full Name (Last, First, Middle Initial)

David F. Honold

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.09

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 0EBEF423EA81F0618AA

Amount of Each Receipt this Period

76.93

C.

Full Name (Last, First, Middle Initial)

Robert Horn

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insura-
nce Company

Occupation

Vice President, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 1 1

Transaction ID: 8B259834E07BD4CE84B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

403.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mike Horvath, CPCU

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 1 1

Transaction ID: 336BDAF68B23DB25572

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard D. Hundven

Mailing Address PO Box 432

City

Buckley

State

WA

Zip Code

98321-0432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insura-
nce Company

Occupation

Vice President - Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 8 / 2 0 1 1

Transaction ID: 815D1B3700B0FB269BA

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Timothy R. Hyle, CPA

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Corporate Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 043BCE8A2874D91BC00

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Timothy R. Hyle, CPA

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate Controller

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: D9AC7250C3916CF25FA

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Timothy R. Hyle, CPA

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Corporate Controller

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 5319B81E7415CD25B0C

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Irad S. Ingraham

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: BB7174F4333B1BD95D9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Benjamin Jacobs

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Adjuster/Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 8DAD0D4E186E5EF05F2

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Theresa Jakubick

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: 59FBFE357679B161F86

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Theresa Jakubick

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 7ADCFEADDE500C3C063

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Theresa Jakubick

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: 258788163AD1FE004B0

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Harold Jamison

Mailing Address 1 Commerce Sq
2005 Market Street

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation

Assistant Vice President & Corporate S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	1

Transaction ID: 106C00EBA345C112477

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregory D. Johnson

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Star Mutual Insuran-
ce Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	1

Transaction ID: 60EB7AA87FD99AEAE73

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Frank P. Kellner, III

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.**C**Name of Employer
Harford Mutual Insurance
Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Transaction ID: CF85D55392E4BA710F9

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James J. Kennedy, CPCU, LUTC

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Transaction ID: 07484979AD1C8E9E9C9

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Daniel A. Keyes

Mailing Address 2633 S Norfolk Cir

City

Fitchburg

State

WI

Zip Code

53719-1626

FEC ID number of contributing
federal political committee.**C**Name of Employer
Wisconsin Mutual Insurance
Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	1

Transaction ID: E6EDB04DC4B9EAA7121

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Terri Kietzer

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Office Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 7AE648C8B29C0FEA32A

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Kraig T. Klopfenstein

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: 20D848955B481AAD5C7

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Kraig T. Klopfenstein

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 6D587F7D9BEEC01B623

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kraig T. Klopfenstein

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: B26234392D134E2CAB2

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Kraig T. Klopfenstein

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: C9DFDE5972AFF70A02A

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Leroy Kohlmeier

Mailing Address PO Box 708

City
Houston

State
MN

Zip Code
55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 8BD2BF8F88D6C1A2E0C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Harvey Kroiz

Mailing Address 815 Roscommon Rd

City

Bryn Mawr

State

PA

Zip Code

19010-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual InsuranOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	1

Transaction ID: 062AE35CC5B4C73B0A9

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jo Ann M. Kuschel, PFMM

Mailing Address 545 Harold Meyer Dr

City

New Haven

State

MO

Zip Code

63068-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boeuf & Berger Mutual Ins-
urance CompanOccupation
Secretary/Treasurer/ Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	1

Transaction ID: E158548C6EC406CAACC

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Pam Lahodny

Mailing Address 500 Highway 77-A

City

Yoakum

State

TX

Zip Code

77995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mut-
ual InsuranceOccupation
Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

Transaction ID: B539475A5CEBE34B53F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

J. William Lee

Mailing Address 1 Commerce Sq
2005 Market Street

City State Zip Code
Philadelphia PA 19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: F0049FD8B4B433072A8

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ray Lenz

Mailing Address PO Box 69

City State Zip Code
Breda IA 51436-0069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Carmel Mutual Insuran-
ce Associatio

Occupation
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: A8F1332B0EC907691B8

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joe R. Liddle

Mailing Address PO Box 1070

City State Zip Code
Galax VA 24333-1070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grayson Carroll Wythe Mut-
ual Insurance

Occupation
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: D4E70DD86CFE48B84DD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Steven Linkous

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: 100877F17CF5C574EC7

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Steven Linkous

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	1	1

Transaction ID: 1F656B1FA180BA1C744

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven Linkous

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	1

Transaction ID: B0C8F3A84D52E25452D

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Steven Linkous

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 8C7C2DE35C098CBF643

Amount of Each Receipt this Period

625.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Lopata

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Manager - Commercial Lines E-Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 5AD7C1989261CC61191

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Lopata

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Manager - Commercial Lines E-Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: 7288AFBF319CDAAD8A4

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Lopata

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Manager - Commercial Lines E-Business

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: FE004E4A8D46802E79B

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Scott A. Lutz

Mailing Address PO Box 900

City

Lititz

State

PA

Zip Code

17543-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lititz Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Claims Vice President

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: 271E4883D4AD4027CDE

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John F. Marazzo

Mailing Address 1 Commerce Sq
2005 Market St

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Director of Accounting

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: 020992C0EF49D1C0B00

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: 0EDE06D52006FACF4A0

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Diane Marshall

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 1D8EF9D43656E4A5C01

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mary Massey

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: 94B35AC636438260776

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mary Massey

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: A664BE7320964F45454

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey L. Mauland, CPCU

Mailing Address PO Box 48

City
Cottonwood

State
MN

Zip Code
56229-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Star Mutual Insuran-
ce Company

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: E40D9D77BE9973321B9

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave

City
Frankenmuth

State
MI

Zip Code
48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation
Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 1

Transaction ID: D2AA39AC5F215C87411

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

338.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: 1D67803280558CB5008

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: F1168207AFE003420CC

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: 42DFDC7E0E3A49EE282

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 38FDE44E7B905C9D245

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: 0413B871C5D278805BF

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	1

Transaction ID: 8EBF2DF41F9F0ABC485

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Phil McCain

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: C6D69C099869CD6A773

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Joseph McCrea

Mailing Address 1 Commerce Sq
2005 Market Street

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insurance

Occupation

Senior Vice President- Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 1

Transaction ID: 9FF02141372BA511FF3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gerard T. McDermott, CPCU

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation

Executive Vice President & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 4C60A88E5EAD32802BB

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

788.47

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Joseph M. McGurrin, Jr.

Mailing Address 1 Commerce Sq
2005 Market StreetCity State Zip Code
Philadelphia PA 19103-7042FEC ID number of contributing
federal political committee.**C**Name of Employer
Pennsylvania Lumbermens
Mutual InsuranOccupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

Transaction ID: DC0745704B06DBA1CBC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sherry L. McKenzie, AAM, AIS

Mailing Address PO Box 30660

City State Zip Code
Lansing MI 48909-8160FEC ID number of contributing
federal political committee.**C**Name of Employer
Auto-Owners Insurance Com-
panyOccupation
Assistant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: CECC65F62BFD01E6865

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address 1 Mutual Ave

City State Zip Code
Frankenmuth MI 48787-0001FEC ID number of contributing
federal political committee.**C**Name of Employer
Frankenmuth Mutual Insura-
nce CompanyOccupation
Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	1

Transaction ID: B9AB76DD874EE05BE67

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

328.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: F61DC764C92A6C1F4F0

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: BA4CB36E2EB374CABC6

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: 15D72F5688F5D3A4281

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 706C5F6231316E4BA29

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: E27F95FBBEEA95AF62C

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 2A6A959238FB0239607

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)

115.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Brian S. McLeod

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.11

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 8B60A3C5F02611E7BF1

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)

Stan W. McNaughton

Mailing Address 4425 E Lake Goodwin Rd

City

Stanwood

State

WA

Zip Code

98292-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMCO Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 11E7F8860A39730327B

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Stan W. McNaughton

Mailing Address 4425 E Lake Goodwin Rd

City

Stanwood

State

WA

Zip Code

98292-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMCO Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 6CFD374593E32B6F9CD

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

538.47

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Peter G. McPartland

Mailing Address 1800 Northpoint Dr

City

Stevens Point

State

WI

Zip Code

54481-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentry Insurance a Mutual
Company

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	1

Transaction ID: 393923E6072FBB90AAF

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark McWethy, CPA, CPCU

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Mutual Insurance
Company

Occupation

Controller/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	1

Transaction ID: 196F5841181A64D42BF

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Arthur L. Meadows

Mailing Address RR 1 Box 166A

City

Moundsville

State

WV

Zip Code

26041-9801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Panhandle Farmers Mutual
Insurance Com

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	1

Transaction ID: E864DC813154755A21D

Amount of Each Receipt this Period

578.00

SUBTOTAL of Receipts This Page (optional)

1578.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Trevor Meister

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Adjuster Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	1

Transaction ID: FB374E0018E8F3CF617

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Kevin M. Meskell

Mailing Address 57 Washington St

City

Quincy

State

MA

Zip Code

02169-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quincy Mutual Fire Insura-
nce Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	1	1

Transaction ID: DEB0B4555067E0E5E71

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tricia A. Mickley, CPA, PFMM

Mailing Address 12120 Mason Rd

City

Morrison

State

IL

Zip Code

61270-9662

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mount Carroll Mutual Fire
Insurance Co

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Transaction ID: 8EC59A9B1AA30799C05

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: 94A7BC18BC74A9CE355

Amount of Each Receipt this Period

180.00

B.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: FD86CFC339B8F7BF303

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address 16533 Wanatah Trl

City

Westfield

State

IN

Zip Code

46074-8101

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 8A0D926E9A27BBF1906

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address 16533 Wanatah Trl

City

Westfield

State

IN

Zip Code

46074-8101

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: 926E7962D4D255D0995

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address 16533 Wanatah Trl

City

Westfield

State

IN

Zip Code

46074-8101

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 11568861D709F425E89

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

David Middleton

Mailing Address 16533 Wanatah Trl

City

Westfield

State

IN

Zip Code

46074-8101

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 46936E5DB9B0AFA59B8

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Stephen H. Miller, CPCU

Mailing Address 3944 259th Ave SE

City

Issaquah

State

WA

Zip Code

98029-7705

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMCO Mutual Insurance Co-
mpany

Occupation

Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 217F1C473F2309BCB4F

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John C. Mitchell

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 1

Transaction ID: 70E266CB8C988F78F37

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dona L. Mohr

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 986438D1FBA39527B94

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Dona L. Mohr

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	1	1

Transaction ID: A3D2BE81DD2A6237C4A

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dona L. Mohr

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	1

Transaction ID: 654D4C4219681B76490

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dona L. Mohr

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	1

Transaction ID: 0D7B7C6BAD9F3DB51D9

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Dona L. Mohr

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: EAFFBA55AA4C1B51A1A

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

David Moss

Mailing Address 7551 County Road 225

City

Monroe City

State

MO

Zip Code

63456-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Insurance
Company of Ma

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	1

Transaction ID: 94B5EC85E9CD3206959

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Chris Moxey

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation

Administrative Services Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	1

Transaction ID: ACF7F0BB9CB800BBD4F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Karlyn T. Myers

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President, Corporate Secretary

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: A1972260710CCC29768

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Karlyn T. Myers

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President, Corporate Secretary

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: CD53972107E88FAFFED

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Karlyn T. Myers

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President, Corporate Secretary

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 823F2813E9B82A935C5

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Karlyn T. Myers

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President, Corporate Secretary

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: 93280DE27920D5B2663

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Karlyn T. Myers

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Vice President, Corporate Secretary

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 28FFECE93019D59043C

Amount of Each Receipt this Period

80.00

C.

Full Name (Last, First, Middle Initial)

David Nawrocki

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Inspector/Adjuster

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 4A96A15A490999957D4

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mark Naylor

Mailing Address PO Box 99

City

Liberal

State

MO

Zip Code

64762-0099

FEC ID number of contributing
federal political committee.**C**Name of Employer
Barton Mutual Insurance
CompanyOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	1

Transaction ID: 8EF49F8206EE78B2EA7

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Roger E. Needham, AIC, AIS

Mailing Address PO Box 666

City

Forrester

State

IL

Zip Code

61030-0666

FEC ID number of contributing
federal political committee.**C**Name of Employer
Forrester Mutual Insurance
CompanyOccupation
Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	1

Transaction ID: DFADB3FC7C8A87171A2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Eric Nelson

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mutual of Enumclaw Insura-
nce CompanyOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

Transaction ID: C4618BDCD7E584872DA

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Eric Nelson

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insura-
nce Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A84615C3635A0A5EE15

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eric Nelson

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insura-
nce Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: 8E931FF3670F124FD29

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Eric Nelson

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insura-
nce Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: EF16272E91C48714617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mikel B. Nelson

Mailing Address PO Box 250

City

Upsala

State

MN

Zip Code

56384-0250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elmdale Farmers Mutual In-
surance, Inc.Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	1	1

Transaction ID: D90D8839E7EB8B5EB5D

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Glenn E. Niinimäki

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire InsuranceOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: 7F692626DB30BFC7200

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dan Oakes

Mailing Address PO Box 239

City

Upper Sandusky

State

OH

Zip Code

43351-0239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Mutual Relief Ass-
ociation of WOccupation
General Manager/Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: 008BC20F2F47B060CCE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Robert F. Ohler

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: 7D7F5C3CE2BE1A6BFD3

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Tony Paris

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: 2E6E44E43FB4371AE14

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

O. H. Parrish

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	4	/	2	0	1	1

Transaction ID: 923411F511CFA2E46A0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John A. Paul, PFMM

Mailing Address PO Box 498

City

Council Bluffs

State

IA

Zip Code

51502-0498

FEC ID number of contributing
federal political committee.**C**Name of Employer
Western Iowa Mutual Insur-
ance AssociatOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	1	1

Transaction ID: C286EDBF0EA00F5E4D2

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John A. Paul, PFMM

Mailing Address PO Box 498

City

Council Bluffs

State

IA

Zip Code

51502-0498

FEC ID number of contributing
federal political committee.**C**Name of Employer
Western Iowa Mutual Insur-
ance AssociatOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	1	1

Transaction ID: 7B01CDA4B1C6E5711EB

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John A. Paul, PFMM

Mailing Address 40962 Brothers Ave

City

Henderson

State

IA

Zip Code

51541-4048

FEC ID number of contributing
federal political committee.**C**Name of Employer
Western Iowa Mutual Insur-
ance AssociatOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	1

Transaction ID: 7A4C50C00A2CABD4DBA

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John A. Paul, PFMM

Mailing Address 40962 Brothers Ave

City

Henderson

State

IA

Zip Code

51541-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Iowa Mutual Insur-
ance AssociatOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: 7D7441633868EBCA788

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gregory Petrini

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire InsuranceOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	1

Transaction ID: 4A4BB343F988EA6C49E

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Susan Porter

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
panyOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	1

Transaction ID: 7C1D4387AB49842A398

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Curt Priem

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Loss Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	1

Transaction ID: A5A512E75AFDD091F53

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

David Reddick, PhD

Mailing Address 13400 N White Cloud Ct

City

Camby

State

IN

Zip Code

46113-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: 294946094470416ED36

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David Reddick, PhD

Mailing Address 13400 N White Cloud Ct

City

Camby

State

IN

Zip Code

46113-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Transaction ID: C8C7BFB22DDEC7B8201

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

David Reddick, PhD

Mailing Address 13400 N White Cloud Ct

City

Camby

State

IN

Zip Code

46113-8708

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Director - Public Policy Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: 8C801D98A6FEAE8C8EC

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeff Reeves

Mailing Address PO Box 1070

City

Galax

State

VA

Zip Code

24333-1070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grayson Carroll Wythe Mut-
ual Insurance

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	1

Transaction ID: 9B2DCBBAD389C6F71F2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joe Reid

Mailing Address 1427 200th St

City

Aledo

State

IL

Zip Code

61231-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamlet Mutual Insurance
Company

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Transaction ID: 3DECA415D4466689977

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

520.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mary Reinke

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation
Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 02DB10B97129E808019

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Jonathan R. Riekse

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 6307176BC0E404875D9

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Jeff Rink

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance
Company

Occupation
Director of Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: 207392243F847EE9568

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Michael T. Rivard

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual
Fire Insurance

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 1

Transaction ID: 934491503ECFE579102

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gerald L. Roach, CPCU, FLMI

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 2 / 2 0 1 1

Transaction ID: 3F226E9E9E687B49390

Amount of Each Receipt this Period

230.00

C.

Full Name (Last, First, Middle Initial)

Gerald L. Roach, CPCU, FLMI

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: 255C999262323376376

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gerald L. Roach, CPCU, FLMI

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of VirginiaOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	1

Transaction ID: 23C98B5C969222C471B

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Gerald L. Roach, CPCU, FLMI

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of VirginiaOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

Transaction ID: FDB44AC9160161773D8

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Gerald L. Roach, CPCU, FLMI

Mailing Address 4027 Monument Ave

City

Richmond

State

VA

Zip Code

23230-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of VirginiaOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	1	1

Transaction ID: F8935D0BB3CA2D331A0

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gerald L. Roach, CPCU, FLMI

Mailing Address 4027 Monument Ave

City

Richmond

State

VA

Zip Code

23230-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of VirginiaOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: 10EE1C60E80FD27C271

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Mary Rowlinson

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Ohio Insurance Com-
panyOccupation
Claims Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: 6F6A9A4D227707111C2

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mary Rowlinson

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Ohio Insurance Com-
panyOccupation
Claims Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	3	/	2	0	1	1

Transaction ID: 1DFB58FF9B412594930

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mary Rowlinson

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Ohio Insurance Com-
pany

Occupation

Claims Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID: C1BDE08F85D5136682F

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mary Rowlinson

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Ohio Insurance Com-
pany

Occupation

Claims Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	1

Transaction ID: EADDCDE4124D894003B

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mary Rowlinson

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Ohio Insurance Com-
pany

Occupation

Claims Operations Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: 98C90C6CCFA1C789C64

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Rodney J. Rupp

Mailing Address 6101 Anacabri Blvd

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Executive Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 66F728196C537E6A2A9

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Rodney J. Rupp

Mailing Address 6101 Anacabri Blvd

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Executive Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: C3B2A38BE40F14FB265

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Rodney J. Rupp

Mailing Address 6101 Anacabri Blvd

City

Lansing

State

MI

Zip Code

48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Executive Vice President, Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 9D195EE09E8418BD8B1

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gerald P. Schmidt, CPCU

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual of Enumclaw Insura-
nce CompanyOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	1	1

Transaction ID: FA1EC6E5F9D093EDBBC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Linda M. Schmidt

Mailing Address 500 S US Highway 77A

City

Yoakum

State

TX

Zip Code

77995-1399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hochheim Prairie Farm Mut-
ual InsuranceOccupation
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	1

Transaction ID: E67D54698BC0C5E69C8

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Schroeder

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
panyOccupation
Senior Vice President, Commercial Under

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 63F1D679413FF14DF6F

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Dale R. Schuh

Mailing Address 1800 Northpoint Dr

City

Stevens Point

State

WI

Zip Code

54481-1253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentry Insurance a Mutual
Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 96E162A9609A84B728F

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard Schumacher, PFMM

Mailing Address PO Box 168

City

Hartley

State

IA

Zip Code

51346-0168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Century Mutual Insurance
Association

Occupation

President/Treasurer/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 9FAA8ED4F0D0B4FB1C7

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas J. Shaw

Mailing Address PO Box 99

City

Liberal

State

MO

Zip Code

64762-0099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barton Mutual Insurance
Company

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 1 1

Transaction ID: AF69F8632ABA021F336

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Gregory Shell

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 39EBA2C2816ACB81B74

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Christopher G. Shipe, CPCU, AIT

Mailing Address PO Box 58

City

Waterford

State

VA

Zip Code

20197-0058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun Mutual Insurance
Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: A41136DB564530E53B9

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christopher G. Shipe, CPCU, AIT

Mailing Address 15 Whispering Knolls Ln

City

Berryville

State

VA

Zip Code

22611-2571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun Mutual Insurance
Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: B815DD0BCE9EFE1B27A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Fred A. Shultz

Mailing Address 13 Idlewood Blvd

City

Staunton

State

VA

Zip Code

24401-9355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Augusta Mutual Insurance
Company

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: CD985A9DDB83F895D3A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kenneth R. Shutts

Mailing Address 2 N 2nd St

City

Harrisburg

State

PA

Zip Code

17101-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn National Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: C8A40E358B2E355A78B

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address 1420 Bayswater Ln

City

Cicero

State

IN

Zip Code

46034-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Member Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: D47397D0226FCC55434

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address 1420 Bayswater Ln

City

Cicero

State

IN

Zip Code

46034-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Member Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 58CCFA6F8D81EC400AA

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kristen Sizelove

Mailing Address 1420 Bayswater Ln

City

Cicero

State

IN

Zip Code

46034-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation

Vice President - Member Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: A1627AD3760FD545C17

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Eileen M. Sleutaris

Mailing Address 1 Commerce Sq
2005 Market Street

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens
Mutual Insuran

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: DD8D7B05E97DAD4EC89

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Steven C. Sliver, CPA

Mailing Address PO Box 577

City

Huntingdon

State

PA

Zip Code

16652-0577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Benefit Insurance
Company

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: C892F2CE1B76EDB621A

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Steven C. Sliver, CPA

Mailing Address 10147 Tanglewood Dr

City

Huntingdon

State

PA

Zip Code

16652-7408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Benefit Insurance
Company

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 60A985AEBC36465DA28

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jim R. Smith, PFMM

Mailing Address 1112 Mascoutah Ave

City

Belleville

State

IL

Zip Code

62220-3624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Company

Occupation
Manager/Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: BC19F075497A0890401

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John K. Smith, CRM, CIC,

Mailing Address 1 Commerce Sq
2005 Market StreetCity State Zip Code
Philadelphia PA 19103-7042FEC ID number of contributing
federal political committee.**C**Name of Employer
Pennsylvania Lumbermens
Mutual InsuranOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: C4F5ACF6A5C8C300D7A

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

John K. Smith, CRM, CIC,

Mailing Address 21 Riverview Dr

City State Zip Code
Ewing NJ 08628-2617FEC ID number of contributing
federal political committee.**C**Name of Employer
Pennsylvania Lumbermens
Mutual InsuranOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	1	1

Transaction ID: C238DFD59695C6B7880

Amount of Each Receipt this Period

156.00

C.

Full Name (Last, First, Middle Initial)

John K. Smith, CRM, CIC,

Mailing Address 21 Riverview Dr

City State Zip Code
Ewing NJ 08628-2617FEC ID number of contributing
federal political committee.**C**Name of Employer
Pennsylvania Lumbermens
Mutual InsuranOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: 8052C9BE7A12F1ACEDE

Amount of Each Receipt this Period

156.00

SUBTOTAL of Receipts This Page (optional)

537.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Julious P. Smith, Jr.

Mailing Address PO Box 1320

City

Richmond

State

VA

Zip Code

23218-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: 657B79C4D588E00C0E3

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard R. Smith

Mailing Address PO Box 1020

City

Germantown

State

WI

Zip Code

53022-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Germantown Mutual Insuran-
ce Company

Occupation
Chairman President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 1

Transaction ID: 4E3DF4CBC5DE16DE988

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael Snodgrass

Mailing Address PO Box 48

City

Cottonwood

State

MN

Zip Code

56229-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Star Mutual Insuran-
ce Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: 721A183F8B8E89BE751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Irica Solomon

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Political Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.14

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 07FFF70AB73ACA76A37

Amount of Each Receipt this Period

45.46

B.

Full Name (Last, First, Middle Initial)

Irica Solomon

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Political Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.14

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 600775C2E81801781A7

Amount of Each Receipt this Period

45.46

C.

Full Name (Last, First, Middle Initial)

Irica Solomon

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Political Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.14

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: 80901AACCE6E03510FE

Amount of Each Receipt this Period

45.46

SUBTOTAL of Receipts This Page (optional)

136.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Irica Solomon

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Political Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.14

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 01EEAFFC6710BDBBE06

Amount of Each Receipt this Period

45.46

B.

Full Name (Last, First, Middle Initial)

Irica Solomon

Mailing Address 122 C St NW
Ste 540

City State Zip Code
Washington DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insuran

Occupation
Political Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.14

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 1F7B8C436BB4F4F5148

Amount of Each Receipt this Period

45.46

C.

Full Name (Last, First, Middle Initial)

Phillip Spencer

Mailing Address PO Box 26

City State Zip Code
Mendon MO 64660-0026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chariton County Mutual In-
surance Compa

Occupation
Secretary/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: 27B4A8B763E65BEADF9

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

390.92

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

John R. Spielberger

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.**C**Name of Employer
Harford Mutual Insurance
Company

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Transaction ID: DAB472DB62E9DDFFDF6

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Douglas E. Steele

Mailing Address 1115 Weed Ln

City

Vincennes

State

IN

Zip Code

47591-5066

FEC ID number of contributing
federal political committee.**C**Name of Employer
Farmers Home Insurance Co-
mpany of Knox

Occupation

Secretary/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: F1789B8B2E4F765A89E

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Patricia Stifler

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.**C**Name of Employer
Harford Mutual Insurance
Company

Occupation

Business Development Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	1	1

Transaction ID: 09AFC341F2A88E9427A

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Marlene Stueven

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Office Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 9AF34409E68AC4D7658

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Paul G. Stueven, PFMM

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Manager/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 0D2A0D809C46D303FD9

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Douglas M. Sullivan, CIC, PFMM

Mailing Address PO Box 37

City

Orion

State

IL

Zip Code

61273-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Svea Mutual Insurance Com-
pany

Occupation

Manager/Secretary/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 774CA38A95733D46227

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: 948D69DB7D191051FB4

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 8D2BDC4DB8F9E38CFBE

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tim F. Sullivan, RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAMIC Insurance Company,
Inc.

Occupation

Vice President - Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 139A5ABAA4D4CC2B269

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Terry Suttner

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

Transaction ID: A87749B5-9F81-44D3-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Christopher P. Taft, CPA

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	1

Transaction ID: 00EB8C1A53A685F8CA7

Amount of Each Receipt this Period

625.00

Quarterly

C.

Full Name (Last, First, Middle Initial)

Christopher P. Taft, CPA

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Transaction ID: 6240ABB0EF0F45CACDA

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Susan K. Taggart, PFMM

Mailing Address PO Box 68

City

Remington

State

IN

Zip Code

47977-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Remington Farmers Mutual
Insurance Com

Occupation

Company Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 1

Transaction ID: 43636BE4FB2E0C40DB5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Tagsold

Mailing Address PO Box 100045

City

Duluth

State

GA

Zip Code

30096-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 9CDF73F59A2CD0CB009

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Tagsold

Mailing Address PO Box 100045

City

Duluth

State

GA

Zip Code

30096-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: DBC7D0F2F7461B2DECF

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Tagsold

Mailing Address PO Box 100045

City

Duluth

State

GA

Zip Code

30096-9345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: DBD7572420DAC2398FF

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Kathleen Tenney

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation
Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: E3320BBBF8789B5AD27

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Ricardo J. Terrones

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Mutual Insurance
Company

Occupation
Executive Vice President- Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: D2E319939F77B8F4C4B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

860.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: 63AAC88122B421B6694

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 09FC897866EDE036A51

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Paul Tetrault

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 28D01EB72DDA924049F

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. Thelen

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President of Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: 3EE44A0FBF0B37F8C73

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. Thelen

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President of Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: 780CE59D760C71B9288

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: F6F8BD1A60D53D70D0D

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	1

Transaction ID: 5EA36AB927DA2B6F945

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of
Mutual Insurance

Occupation

Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: 9252F9B08DA091A9A8B

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Bruce D. Thomas, PFMM

Mailing Address PO Box 594

City

Algona

State

IA

Zip Code

50511-0594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: 5B841E58D4BF06B89ED

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 137 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Bruce D. Thomas, PFMM

Mailing Address PO Box 594

City

Algona

State

IA

Zip Code

50511-0594

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: CEE49AFC72D242CDEFB

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bruce D. Thomas, PFMM

Mailing Address 1615 E Elm St

City

Algona

State

IA

Zip Code

50511-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 37BC112F157B557A65D

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Bruce D. Thomas, PFMM

Mailing Address 1615 E Elm St

City

Algona

State

IA

Zip Code

50511-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heartland Mutual Insurance
Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: FB07C88B1D5D7482E52

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Joyce C. Thomas

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.**C**Name of Employer
Harford Mutual Insurance
Company

Occupation

Vice President & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	1	1

Transaction ID: 3E9C8BB2E41F1398C47

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kenneth G. Thompson

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.**C**Name of Employer
Harford Mutual Insurance
Company

Occupation

Assistant Vice President-Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: 81D76FB3042AF57397E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.**C**Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	1

Transaction ID: 604B6CD5632DC40437F

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

539.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: BF233D0B171F1BA87AC

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 556F5592A7B916359BB

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	1

Transaction ID: EF486122836A66F4DA7

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 746044F73EFF317E279

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: 96470B92D87D54C8B8B

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: C95643019BADCC5CF9A

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Randall Trinklein

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 32DAAF52E7F505DDF9A

Amount of Each Receipt this Period

39.00

B.

Full Name (Last, First, Middle Initial)

Ellen S. Truant

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance Company

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.72

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: 8A0BCBBDDC340AA8A20

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ellen S. Truant

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harford Mutual Insurance Company

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.72

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: 3D186C38EAED46C560F

Amount of Each Receipt this Period

35.72

SUBTOTAL of Receipts This Page (optional)

324.72

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Susan Tukul

Mailing Address 4000 Town Ctr
Ste 1250City State Zip Code
Southfield MI 48075-1407FEC ID number of contributing
federal political committee.**C**Name of Employer
Locomotive Engineers and
Conductors MuOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: A2ABC21DF33EBF6FBA7

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John W. Tympanick, CPA, MST

Mailing Address 95A Turnpike Rd

City State Zip Code
Westborough MA 01581-2878FEC ID number of contributing
federal political committee.**C**Name of Employer
Hospitality Mutual Insura-
nce CompanyOccupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: F70B670ECF392DB874C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Aaron J. Valentine

Mailing Address 1 Preferred Way

City State Zip Code
New Berlin NY 13411-1800FEC ID number of contributing
federal political committee.**C**Name of Employer
Preferred Mutual Insurance
CompanyOccupation
Senior Vice President, Treasurer & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	1	1

Transaction ID: BF889A0660AF2F20AC3

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

1590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Aaron J. Valentine

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President, Treasurer & CFO

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: 329B804E3FFB8C43CE2

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Aaron J. Valentine

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President, Treasurer & CFO

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: AFCADA89EEE97BB8C32

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Aaron J. Valentine

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President, Treasurer & CFO

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 8E4275385C09B261DCF

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Michael J. Van Wagner

Mailing Address 301 Sullivan Way

City
Ewing

State
NJ

Zip Code
08628-3406

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Manufacturers
Insurance Com

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 1

Transaction ID: 86578B66923AC43040E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert A. Wadsworth, CIC,CPCU

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Mutual Insurance
Company

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 1 1

Transaction ID: 869EDC33EA3BB86B0D4

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Rod Walgrave

Mailing Address 1285 Highway 15 S

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairmont Farmers Mutual
Insurance Comp

Occupation

Adjuster/Inspector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: 140DEE41C9600E272EB

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

William H. Wallace

Mailing Address 404 E Woodlawn Ave

City

Hastings

State

MI

Zip Code

49058-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hastings Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	1	1

Transaction ID: 7A5FA07A3BFCCB28172

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James J. Walsh, Jr.

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: 468C34E526BE59E8D5D

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

James J. Walsh, Jr.

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 417A726AF6C61C8E54C

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Ian R. Ward

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 7CD79201EB0F9EA88C1

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Terry H. Wendorff, CPCU

Mailing Address PO Box 7988

City

Madison

State

WI

Zip Code

53707-7988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Reinsurance Cor-
poration

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

Transaction ID: 293331195437493DB64

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	1	1

Transaction ID: 903A17619DA00452605

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Actuary

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 51F64DB2472025903D2

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Actuary

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: 7D864B78C13B942254A

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Mark Wenger

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation
Actuary

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: C9B2E48C5F9D5D27C2A

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Daniel West

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insu-
rance CompanyOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: 198C53D575363EFCC7F

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard T. Wheeler

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of VirginiaOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	1

Transaction ID: 88B87EDED7F7C0C9E37

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Wayne F. White, CPA, PFMM

Mailing Address PO Box 860

City

Bryant

State

AR

Zip Code

72089-0860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Union Mutual Insu-
rance CompanyOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: 14F934A6ADF32469811

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Wayne F. White, CPA, PFMM

Mailing Address 78 Hill Farm Rd

City

Conway

State

AR

Zip Code

72032-9041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farmers Union Mutual Insu-
rance Company

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	4	/	2	0	1	1

Transaction ID: D957D54E9F120911EEB

Amount of Each Receipt this Period

625.00

B.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	1

Transaction ID: A1352700436A3D1EA5B

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: 73090C0A223071E3478

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

705.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 559224820346B5A4627

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: 7C05F2513A86E778B40

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: 8B641096A5330A400BF

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: F34DFADD8488B9B7CB3

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 07DC5EE809BD8814BE0

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

James W. Wilds, CPCU, ARM,

Mailing Address 1 Mutual Ave

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insura-
nce Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 6D306AB45E7DB35E6CD

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

J.F. Williams, III

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	4	/	2	0	1	1

Transaction ID: FC428485DDBDBB45180

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David F. Wilson

Mailing Address PO Box 1070

City

Galax

State

VA

Zip Code

24333-1070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grayson Carroll Wythe Mut-
ual Insurance

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	1	1

Transaction ID: 79ADFA90D2C1AF2FF83

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard W. Wiltshire

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mutual Assurance Society
of Virginia

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: AB2C2E58898576C232B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 186

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Woolley

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Com-
pany

Occupation

Director-Vice Chairman-Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: D6EA368C262A83522B3

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert M. Zak

Mailing Address 250 Main St

City

Buffalo

State

NY

Zip Code

14202-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merchants Mutual Insurance
Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	1

Transaction ID: A0E435DF4DC25EC51BA

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jerry G. Zenke, PFMM

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation

General Manager/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	4	/	2	0	1	1

Transaction ID: FD47C390B56D2CA5E6A

Amount of Each Receipt this Period

420.00

SUBTOTAL of Receipts This Page (optional)

1670.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jerry G. Zenke, PFMM

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation

General Manager/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 1 1

Transaction ID: E35F33C04F83CC19529

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Jerry G. Zenke, PFMM

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation

General Manager/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: 392B589F9B843E37AD9

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Jerry G. Zenke, PFMM

Mailing Address 42846 County Road 12

City

Dakota

State

MN

Zip Code

55925-4094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Occupation

General Manager/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: DC5DCBD2EBA77D978FA

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Jerry G. Zenke, PFMM

Mailing Address 42846 County Road 12

City

Dakota

State

MN

Zip Code

55925-4094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mound Prairie Mutual Insu-
rance Company

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

General Manager/Treasurer

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: D554F8410DFF08B2F69

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Steven R. Zoss

Mailing Address PO Box 276

City

Canton

State

SD

Zip Code

57013-0276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Farm Mutual Insurance Com-
pany of Linco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Market Manager

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: 50BB9C7DC91806646EF

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

103636.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 186

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

American Family Mutual Insurance Company Federal Pac (AMFAM PAC)

Mailing Address 6000 American Parkway

City State Zip Code
 Madison WI 53783

FEC ID number of contributing
federal political committee.

C C00354290

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 1 / 2 0 1 1

Transaction ID: A9397666BD921DEC4C7

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Cuna Mutual Insurance Society Political Action Committee (CUNA MUTUAL PAC)

Mailing Address 5910 Mineral Point Rd, PO Box 747
 Mail Stop 5910 4 A2

City State Zip Code
 Madison WI 53701

FEC ID number of contributing
federal political committee.

C C00402107

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 0 / 2 0 1 1

Transaction ID: 236B36F640D76CEE892

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Farmers Mutual Hail Ins Co of Iowa Political Action Committee (FMH PAC)

Mailing Address 6785 Westown Parkway

City State Zip Code
 West Des Moines IA 50266

FEC ID number of contributing
federal political committee.

C C00117614

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 2 / 2 0 1 1

Transaction ID: AAF6097A4EB1130F340

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 186

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Motorists Mutual Insurance Company Civic Fund

Mailing Address 471 E Broad St

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing
federal political committee.

C

C00336834

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: FBB106ADB600EF6A42C

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Nationwide Mutual Insurance Company Political Action Committee

Mailing Address One Nationwide Plaza
1-27-10

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing
federal political committee.

C

C00076174

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 1

Transaction ID: 74BD3EBC1062D6E4C4E

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

11250.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 186

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.Full Name (Last, First, Middle Initial)
NAMICMailing Address 3601 Vincennes Road
P.O. Box 68700City State Zip Code
Indianapolis IN 46268FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

Transaction ID: 34785A277C2ED6DA543

Amount of Each Receipt this Period

45.00

Reimb. of bank fees

B.Full Name (Last, First, Middle Initial)
NAMICMailing Address 3601 Vincennes Road
P.O. Box 68700City State Zip Code
Indianapolis IN 46268FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	1

Transaction ID: 0139764852053579C2B

Amount of Each Receipt this Period

179.09

Reimb. of bank fees

C.Full Name (Last, First, Middle Initial)
NAMICMailing Address 3601 Vincennes Road
P.O. Box 68700City State Zip Code
Indianapolis IN 46268FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	1

Transaction ID: ECE9928A2999D2D6E11

Amount of Each Receipt this Period

88.75

Reimb. of bank fees

SUBTOTAL of Receipts This Page (optional)

312.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 186

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)
NAMIC

Mailing Address 3601 Vincennes Road
P.O. Box 68700

City State Zip Code
Indianapolis IN 46268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.12

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 1 1

Transaction ID: 381D8274FB6196CC849

Amount of Each Receipt this Period

99.74

Reimb. of bank fees

B.

Full Name (Last, First, Middle Initial)
NAMIC

Mailing Address 3601 Vincennes Road
P.O. Box 68700

City State Zip Code
Indianapolis IN 46268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.12

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 4072AE4301E251C88AD

Amount of Each Receipt this Period

299.54

Reimb. of bank fees

SUBTOTAL of Receipts This Page (optional)

399.28

TOTAL This Period (last page this line number only)

712.12

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 160 / 186

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20BCE21F495B37B7394

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

159.09

B.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 4DE2F3EC63ECB9CF423

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

88.75

C.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 599B488F97C82DB3D3B

Date of Disbursement

04 / 30 / 2011

Amount of Each Disbursement this Period

119.74

SUBTOTAL of Disbursements This Page (optional)

367.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 161 / 186

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 9423B9BC42D33D18304

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

299.54

B.

Full Name (Last, First, Middle Initial)

Chase Bank

Mailing Address 8751 N Michigan Road

City Indianapolis State IN Zip Code 46268

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EB596311ABC49C7FAF0

Date of Disbursement

06 / 30 / 2011

Amount of Each Disbursement this Period

104.69

SUBTOTAL of Disbursements This Page (optional)

404.23

TOTAL This Period (last page this line number only)

771.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 / 186

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Berkley for Senate	Transaction ID: 0ECBD81CF861B6B61FD Date of Disbursement																				
Mailing Address 3069 Conquista Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	1												
City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Shelley Berkley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Blaine for Congress 2012	Transaction ID: A91C8CED0F0A1CD33C7 Date of Disbursement																				
Mailing Address PO Box 125	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	1												
City Holts Summit State MO Zip Code 65043	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name W. Blaine Luetkemeyer	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Blaine for Congress 2012	Transaction ID: 55B958877829C21C8A4 Date of Disbursement																				
Mailing Address PO Box 125	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	1												
City Holts Summit State MO Zip Code 65043	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name W. Blaine Luetkemeyer	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 / 186

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee	Transaction ID: 6455372B4366315769F Date of Disbursement																				
Mailing Address 6849 Old Dominion Drive Suite 222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	1												
City McLean State VA Zip Code 22101	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2011 Contribution Candidate Name Blue Dog Political Action Committee	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	011 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Canseco for Congress	Transaction ID: 75E33093010E7F95FEC Date of Disbursement																				
Mailing Address 10004 Wurzbach Road #366	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City San Antonio State TX Zip Code 78230	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Francisco Raul Canseco	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 23	011 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md for Congress, Inc.	Transaction ID: 493120FA609B4E10C54 Date of Disbursement																				
Mailing Address PO Box 80126	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Charles W. Boustany, Jr.	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07	011 Category/ Type																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">8000.00</td> </tr> </table>	8000.00																			
8000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 164 / 186

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen	Transaction ID: CA797669798C463FFBD Date of Disbursement																				
Mailing Address PO Box 326	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	1												
City Everett State WA Zip Code 98206	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Rick Larsen	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Crowley for Congress	Transaction ID: F474DBCCC2F3796D94F Date of Disbursement																				
Mailing Address 84-56 Grand Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Joseph Crowley	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Dave Camp for Congress	Transaction ID: CE27B8EA7F4525F0914 Date of Disbursement																				
Mailing Address 5915 Eastman Avenue Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Dave Camp	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial)
Debbie Wasserman Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code
Weston FL 33326

Purpose of Disbursement
2012 Primary

Candidate Name
Debbie Wasserman Schultz

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 20

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 69D22F8FF7722826CB7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Defend America Pac

Mailing Address PO Box 2626

City State Zip Code
Tuscaloosa AL 35403

Purpose of Disbursement
2011 Contribution

Candidate Name
Defend America Pac

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

Contribution

Transaction ID: B0C49FB89D0E4E91121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
2011 Contribution

Candidate Name
Democratic Senatorial Campaign Committee

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

Contribution

Transaction ID: 40543D07F98CFBCF0E8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

18500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Dold for Congress	Transaction ID: 5992E17D014019CFC02 Date of Disbursement																				
Mailing Address PO Box 8145	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
City Northfield State IL Zip Code 60093	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Robert James Dold, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Donald A. Manzullo for Congress	Transaction ID: 3424ABA0F11B29249C2 Date of Disbursement																				
Mailing Address PO Box 7783	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Rockford State IL Zip Code 61126	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Donald A. Manzullo	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Duffy for Congress	Transaction ID: 2029AA695041E4DFF19 Date of Disbursement																				
Mailing Address PO Box 538	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	1												
City Wausau State WI Zip Code 54402	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sean P. Duffy	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Duffy for Congress	Transaction ID: 913B10E7959D964C5A0 Date of Disbursement
Mailing Address PO Box 538	<div> <div>06</div> <div>01</div> <div>2011</div> </div>
City Wausau State WI Zip Code 54402	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>2000.00</div>
Candidate Name Sean P. Duffy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)	Transaction ID: 3B1194A073666A7A558 Date of Disbursement
Mailing Address 25 E Main Street Suite 200	<div> <div>06</div> <div>15</div> <div>2011</div> </div>
City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period
Purpose of Disbursement 2011 Contribution	<div>5000.00</div>
Candidate Name Every Republican Is Crucial (ERICPAC)	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
C. Full Name (Last, First, Middle Initial) Freedom Fund	Transaction ID: 0B9FA0CDB1E4EDC517B Date of Disbursement
Mailing Address 701 8th Street, NW Suite 500	<div> <div>03</div> <div>16</div> <div>2011</div> </div>
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
Purpose of Disbursement 2011 Contribution	<div>2500.00</div>
Candidate Name Freedom Fund	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
SUBTOTAL of Disbursements This Page (optional)	<div>9500.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Freedom Project; the	Transaction ID: 5FF10E202EDCC43F7FD Date of Disbursement
Mailing Address 320 1st Street SE	<div> <div>MM / DD / YY</div> <div>06 / 01 / 2011</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2011 Contribution Candidate Name Freedom Project; the Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<div> <div>Amount</div> <div>5000.00</div> </div> <div> <div>Category/Type</div> <div>011</div> </div>
B. Full Name (Last, First, Middle Initial) Friends of Congressman Tim Holden	Transaction ID: A5F8DAFFCAB0B762526 Date of Disbursement
Mailing Address 18 North Second Street, Box 37	<div> <div>MM / DD / YY</div> <div>03 / 25 / 2011</div> </div>
City Saint Clair State PA Zip Code 17970	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Candidate Name Timothy Holden Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>Amount</div> <div>500.00</div> </div> <div> <div>Category/Type</div> <div>011</div> </div>
C. Full Name (Last, First, Middle Initial) Friends of Erik Paulsen	Transaction ID: E95C4D1D0192C2F0044 Date of Disbursement
Mailing Address PO Box 44369 250 Prairie Center Drive	<div> <div>MM / DD / YY</div> <div>04 / 26 / 2011</div> </div>
City Eden Prairie State MN Zip Code 55344	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Candidate Name Erik Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>Amount</div> <div>1000.00</div> </div> <div> <div>Category/Type</div> <div>011</div> </div>

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Jeb Hensarling

Mailing Address PO Box 820504

City
DallasState
TXZip Code
75382Purpose of Disbursement
2012 PrimaryCandidate Name
Thomas Jeb HensarlingOffice Sought: ☒ House
☐ Senate
☐ President

State: TX District: 05

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: F9A506AEF4B2A18F499

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Friends of Nan Hayworth

Mailing Address PO Box 188

City
CarmelState
NYZip Code
10512Purpose of Disbursement
2012 PrimaryCandidate Name
Nan Alison Sutter HayworthOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 19

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: A4F17B6C142F2A9AC74

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	1

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Sherrod Brown

Mailing Address PO Box 76187

City
WashingtonState
DCZip Code
20013Purpose of Disbursement
2012 PrimaryCandidate Name
Sherrod BrownOffice Sought: ☐ House
☒ Senate
☐ President

State: OH District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: F41E3F88322DE5AA09B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Geoff Davis for Congress Mailing Address PO Box 17192	Transaction ID: BACB499FFE239A13B7D Date of Disbursement <div> <div>03</div> <div>16</div> <div>2011</div> </div>
City Ft Mitchell State KY Zip Code 41017 Purpose of Disbursement 2012 Primary Candidate Name Geoffrey C. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 04	Amount of Each Disbursement this Period <div>2000.00</div>
B. Full Name (Last, First, Middle Initial) Growth and Prosperity Political Action Committee Mailing Address 831 Linwood Court City Birmingham State AL Zip Code 35222 Purpose of Disbursement 2011 Contribution Candidate Name Growth and Prosperity Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: CFB4332435460C7E108 Date of Disbursement <div> <div>06</div> <div>23</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>5000.00</div>
C. Full Name (Last, First, Middle Initial) Hagan for Us Senate Inc Mailing Address PO Box 29103 City Greensboro State NC Zip Code 27429 Purpose of Disbursement 2014 Primary Candidate Name Kay R. Hagan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 305C80EC311E5B3FC3A Date of Disbursement <div> <div>04</div> <div>26</div> <div>2011</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
SUBTOTAL of Disbursements This Page (optional) ▶	<div>8000.00</div>
TOTAL This Period (last page this line number only) ▶	<div></div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
2012 Primary

Candidate Name
Orrin G. Hatch

Office Sought: ☐ House
☒ Senate
☐ President

State: UT District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: BC255B9034D1136FE89

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Huizenga for Congress

Mailing Address 441 William Court

City State Zip Code
Zeeland MI 49464

Purpose of Disbursement
2012 Primary

Candidate Name
William P. Huizenga

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 02

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: C1CBFCE2841100354AB

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Huizenga for Congress

Mailing Address 441 William Court

City State Zip Code
Zeeland MI 49464

Purpose of Disbursement
2012 Primary

Candidate Name
William P. Huizenga

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 02

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 82A51E6BA530FB2CE5B

Date of Disbursement

05 / 31 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Impact

Mailing Address 60 East 42nd St. Suite 437

City State Zip Code
New York NY 10165Purpose of Disbursement
2011 ContributionCandidate Name
Impact011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Transaction ID: DA000395EA02C5E2CCF

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	1

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Jaime for Congress

Mailing Address PO Box 1614

City State Zip Code
Ridgefield WA 98642Purpose of Disbursement
2012 PrimaryCandidate Name
Jaime Herrera Beutler011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 03

Transaction ID: E990CE1EDC65244BD07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jim Gerlach for Congress Committee

Mailing Address PO Box 87

City State Zip Code
Uwchland PA 19480Purpose of Disbursement
2012 PrimaryCandidate Name
James W. Gerlach011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: B49790402588F8CC638

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Jim Renacci for Congress	Transaction ID: 84C89BD7B7F4F9F6DDF Date of Disbursement																				
Mailing Address 150 Smokerise Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	1												
City Wadsworth State OH Zip Code 44281	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name James B. Renacci Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: OH District: 16 Other (specify) ▼	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
B. Full Name (Last, First, Middle Initial) Joe Walsh for Congress Committee, Inc.	Transaction ID: 8B9999B7A0A8C09C334 Date of Disbursement																				
Mailing Address 830 W. Route 22 -Box 56	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Lake Zurich State IL Zip Code 60047	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Joe Walsh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: IL District: 08 Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
C. Full Name (Last, First, Middle Initial) Joe Walsh for Congress Committee, Inc.	Transaction ID: F0A0488BD4813AA58FF Date of Disbursement																				
Mailing Address 830 W. Route 22 -Box 56	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
City Lake Zurich State IL Zip Code 60047	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Joe Walsh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: IL District: 08 Other (specify) ▼	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 174 / 186

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) John Carney for Congress	Transaction ID: 187D9C52F589EF18844 Date of Disbursement																				
Mailing Address PO Box 2162	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John Charles Carney, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Judy Biggert for Congress	Transaction ID: 06E7B295BF921A6E7A5 Date of Disbursement																				
Mailing Address PO Box 637	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Judy Biggert	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Judy Biggert for Congress	Transaction ID: ABE9EC45D2A690CC6AE Date of Disbursement																				
Mailing Address PO Box 637	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Judy Biggert	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress	Transaction ID: DFA42DC6D2C7656225D Date of Disbursement
Mailing Address PO Box 12667	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 1 1</div> </div>
City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>2500.00</div>
Candidate Name Kevin McCarthy	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress	Transaction ID: 1A71DD69EA74DF9CBA6 Date of Disbursement
Mailing Address PO Box 12667	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 1</div> </div>
City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>2500.00</div>
Candidate Name Kevin McCarthy	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kind for Congress Committee	Transaction ID: 8F43EFBEB7E3E929E32 Date of Disbursement
Mailing Address 205 5th Avenue South	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 1</div> </div>
City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>1000.00</div>
Candidate Name Ron Kind	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Kristi for Congress	Transaction ID: E285993D29523EBEE22 Date of Disbursement																				
Mailing Address PO Box 852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	1												
City State Zip Code Sioux Falls SD 57101	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Kristi Lynn Noem	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Lincoln Pac	Transaction ID: EBA8AE97CD765E66CFD Date of Disbursement																				
Mailing Address PO Box A3968	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
City State Zip Code Chicago IL 60690	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2011 Contribution Candidate Name Lincoln Pac	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
C. Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: ED0CA8D55C92800AED5 Date of Disbursement																				
Mailing Address PO Box 530788	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	1												
City State Zip Code Livonia MI 48153	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Thaddeus G. McCotter	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Michael Grimm for Congress	Transaction ID: 3B2BEE22DE5A15AB139 Date of Disbursement																				
Mailing Address PO Box 270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	1												
City Staten Island State NY Zip Code 10310	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michael G. Grimm	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mike Pence Committee	Transaction ID: 3A44AF9136C3B460F8E Date of Disbursement																				
Mailing Address PO Box 408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
City Anderson State IN Zip Code 46015	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Michael Richard Pence	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee	Transaction ID: A5642D4C0DA14340A74 Date of Disbursement																				
Mailing Address PO Box 360	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	1	1												
City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Mike Ross	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Mike Thompson for Congress	Transaction ID: ED362FEA5A2B9867F1F Date of Disbursement																				
Mailing Address 5429 Madison Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	1												
City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michael C. Thompson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Montanans for Tester	Transaction ID: 91FB31DB8A54000F889 Date of Disbursement																				
Mailing Address PO Box 1135	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	1												
City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Jon Tester	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: EDA9F2F9F51D52A0750 Date of Disbursement																				
Mailing Address 320 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2011 Contribution	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name National Republican Congressional Committee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>17000.00</td> </tr> </table>	17000.00																			
17000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial)
Neugebauer Congressional Committee

Mailing Address PO Box 54175

City Lubbock State TX Zip Code 79453

Purpose of Disbursement
2012 PrimaryCandidate Name
Robert Randolph NeugebauerOffice Sought: ☒ House
☐ Senate
☐ President

State: TX District: 19

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 58AF4DE2984033E58A6

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
New Democrat Coalition Political Action Committee Aka
Ndc Pac

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2011 ContributionCandidate Name
New Democrat Coalition Political Action Committee
Aka Ndc PacOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

Contribution

Transaction ID: 7B20DE154F2320C2DFE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
People for Enterprise Trade and Economic Growth (PETE
PAC)

Mailing Address 7804 Evening Lane

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
2011 ContributionCandidate Name
People for Enterprise Trade and Economic Growth (P-
ETE PAC)Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2011
☐ Primary ☐ General
☒ Other (specify) ▼

Contribution

Transaction ID: ED40D470BBF8D234254

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Perlmutter for Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Edwin G. Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District: 07</p>	<p>Transaction ID: 215DCBF418AF724EFAA</p> <p>Date of Disbursement 04 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Price for Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Thomas E. Price, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 06</p>	<p>Transaction ID: D571AC709FC16AC0B06</p> <p>Date of Disbursement 02 / 09 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Republican Mainstreet Partnership Pac</p> <p>Mailing Address C/O G & W 2201 Wisconsin Ave., NW Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Republican Mainstreet Partnership Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p>Transaction ID: 55FE08D44ECB3C43448</p> <p>Date of Disbursement 04 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Roskam for Congress Committee	Transaction ID: 06DF13EF4CA8685DE42 Date of Disbursement
Mailing Address PO Box 713	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 1 1</div> </div>
City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>2500.00</div>
Candidate Name Peter J. Roskam	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Schock for Congress	Transaction ID: BBB7AF1221E1E1AC303 Date of Disbursement
Mailing Address PO Box 10555	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 6 / 2 0 1 1</div> </div>
City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>2000.00</div>
Candidate Name Aaron Schock	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Schock for Congress	Transaction ID: 0172CB1420C95AB9599 Date of Disbursement
Mailing Address PO Box 10555	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 1</div> </div>
City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary	<div>2500.00</div>
Candidate Name Aaron Schock	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Scott Brown for Us Senate Committee Inc

Mailing Address PO Box 395

City
WrenthamState
MAZip Code
02903Purpose of Disbursement
2012 PrimaryCandidate Name
Scott Philip Brown011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District:

Transaction ID: DF85CCEF3424F55C361

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Scott Garrett for Congress

Mailing Address PO Box 905

City
NewtonState
NJZip Code
07860Purpose of Disbursement
2012 PrimaryCandidate Name
Ernest Scott Garrett011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 05

Transaction ID: 1E9557A4EEE83861ED8

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Snowe for Senate

Mailing Address PO Box 2012

City
PortlandState
MEZip Code
04104Purpose of Disbursement
2012 PrimaryCandidate Name
Olympia Jean Snowe011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: DC969E64EBEFFB3014A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Stivers for Congress	Transaction ID: 241736F20B6752656E2 Date of Disbursement																				
Mailing Address 4679 Winterset Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	1	1												
City Columbus State OH Zip Code 43220	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Steve Stivers	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Texans for Lamar Smith	Transaction ID: EBD4491D3A517A6A564 Date of Disbursement																				
Mailing Address PO Box 6155	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	6		2	0	1	1												
City San Antonio State TX Zip Code 78209	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Lamar Seeligson Smith	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Tiberi for Congress	Transaction ID: 6C8CC27299C756C6AE9 Date of Disbursement																				
Mailing Address 2931 E Dublin Granville Road Suite 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	1												
City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Candidate Name Patrick J. Tiberi	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota Inc	Transaction ID: 8B3F2EF8660F1323508 Date of Disbursement
Mailing Address PO Box 1536	<div> <div>06</div> <div>15</div> <div>2011</div> </div>
City State Zip Code Sioux Falls SD 57101	Amount of Each Disbursement this Period
Purpose of Disbursement 2014 Primary Candidate Name Timothy Peter Johnson	<div>2500.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tim Scott for Congress	Transaction ID: 516C776FADB12964F1F Date of Disbursement
Mailing Address 1405 Ashley River Road	<div> <div>06</div> <div>15</div> <div>2011</div> </div>
City State Zip Code Charleston SC 29407	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Candidate Name Timothy Eugene Scott	<div>2000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee	Transaction ID: 5B29DF5D4565EFAFA46 Date of Disbursement
Mailing Address PO Box 11586	<div> <div>05</div> <div>09</div> <div>2011</div> </div>
City State Zip Code Washington DC 20008	Amount of Each Disbursement this Period
Purpose of Disbursement 2011 Contribution Candidate Name Tuesday Group Political Action Committee	<div>5000.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
SUBTOTAL of Disbursements This Page (optional)	<div>9500.00</div>
TOTAL This Period (last page this line number only)	<div>167500.00</div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 185 / 186

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A. Full Name (Last, First, Middle Initial)
Batchelder for Representative Committee

Mailing Address 4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 8C8E10FE73D6D7B1A9D

Date of Disbursement

03 / 25 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Citizens for Hottinger

Mailing Address 894 Johnathon St

City Newark State OH Zip Code 43055

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: C908CA971A847625084

Date of Disbursement

02 / 03 / 2011

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Citizens for Hottinger

Mailing Address 894 Johnathon St

City Newark State OH Zip Code 43055

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B553465EBC2FA9CF9EB

Date of Disbursement

05 / 18 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Drive

City
Columbus

State
OH

Zip Code
43231

Purpose of Disbursement
Nonfederal Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: E80F1CAC6E957633886

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

2500.00